# V. S. No. 1

1,	PLACE OF DEATH		82.0	4-
/	County Monlgon	neny	Registration Dist. No. 21	7.
	Village or City O Indu		No. Monto our County Jens St.	Hosp War
	Length of residence in city or town where	death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and s	number) mos.
2.	. FULL NAME Will.	and Blow		
	(a) Residence: No. C Sand	asville	St Ward.	
	PERCONAL AND CHARGE	(Usual place of abode)	If nonresident give city or town an	d State
3. SI	PERSONAL AND STATIST	5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
n	rale Olican	OR DIVORCED (write the word)	(Month) (Day)	, 193 4 (Yaar)
5a. I	If married, widowed, or diverced HUSBANO of (or) WIFE of	unknown	22. I HEREBY CERTIFY, That I attended	
6 D	DATE OF BIRTH (month, day, and year)	Lu Seumen 859	, 192T., to	19.65
7. A		Oays If LESS than	to have occurred on the date stated above, at 9:20 Pm.	; death Is s
	75?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importance wara as follows:	
2	8. Trade, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	21.00.1	Left Siled Cerebal	Oete ol ons
=	9. Industry or business in which	www.proof r.d	Chemorrhage	
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc			
3	10. Date deceased last worked at this occupation (month and yeer)	11. Total time (years) spent in this		
		occupation	Othar Contributory Causes of Importance:	
12. E	(Stata or country)	2 C. m2	tolenna	
13. NAME				
=	14. BIRTHPLACE (city or town)	uknoum	Name of operationOate of	
-	(State or country)	V	What test confirmed diagnosis? Wes thera an	
_	15. MAIOEN NAME		23. If death was due to axternal causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)			Accident, sulcide, or homlcide? Date of injury	, 19
- 1	(Stata or country)		Where did injury occur? (Specify city or town, county and Sta	16)
17. 1	(Addrass)	Tecordo	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
18. B	BURIAL, CREMATION, OR REMOVAL	11.8	Manner of Injury	
	Placa Clarkorille Mid!	Date UM 2/ 1934	Nature of injury	
19. 11	UNDERTAKER & Sloy & 1	Kaisen	24. Was disease or injury in any way related to occupation of deceased?	
	(Address) Zanal	ma.	If so, specify	
20. F	FILED Apr 21 , 1934 C.	S. Barnoley	(Signad) C.S. Sando	M
	//	Registrar.	(Addrass) fee 71.7. Lucus Heal	01. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DECENTER!	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	STAUL	LOI	runing	STATISMINATS	DI	TITIOIOTAM

V. S. No. 1

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	LA	plu	F D	ery
	E I	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
100	RIT	ion	SE	Z
-	-W	mat	CAL	TIO
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-			-
, ,	ż	1	1.4	

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13941)
1. PLACE OF DEATH	(159)
County Montgomery	Registration Dist. No. 2/3
Village or City Mean Mockwell	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Brigg	
(a) Residence: No. //// (Usual place of abode)	y Stall Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (1934- (1ear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. CHEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Classe 10, 1934-	Wast saw ham aliva on Plan 10 1934: death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was dona, as SILK MILL.	Oumaturity (6 mos.)
SAW MILL, BANK, etc  10. Date dacaased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) The Trockyelle (State or country)	Other Contributory Causes of Importance:
13. NAME Everiff # Briggs  14. BIRTHPLACE (city or town) Rochwill #	
14. BIRTHPLACE (city or town)	Name of operation 2001 Date of
	What test confirmed diagnosis?
15. MAIOEN NAME Jelly Benke  16. BIRTHPLACE (city or town) Henry (State or country)	23. If death was due to external causes (UrbL ENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Everell Briago (Address) Rockwill Om	Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place of function Date Office 10, 1934.	Manner of Injury
19. UNDERTAKER EVERILL & Bligge fathy. (Addrass) Rockville Mill	24. Was disease or injury in any way related to occupation of decaased?
20. FILEO. 4-10 1934 Mrs. W.J. Proct. Registrar.	(Signed) Holling M. D.  (Address) Rockwill M. D.
If more blanks are meded address Sate Baring	N Chala Cara D.L. D. GT. C. N.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00341.
county Montgomery	Registration Dist. No. 2/2
Village or City Bauld	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
/ VI AA A.	A. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME James Walter Un	line
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Filorence V. Chilin	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	last saw ham alive on Alive on 1934 ; death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 3m.
66 8 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 9 Trade profession or particular	Were as tolloge: Carcenoma & Stomach Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Gasher Weer 1930
9. Industry or business in which work was done, as SILK MILL,	Verferaleen y gastur when 1924
SAW MILL, BANK, etc	
this occupation (month and 143.3 spent in this occupation 50 42	
12. BIRTHPLACE (city or town) Mary lud.  (State or country)	Other Coutributary Causes of importance:
I 13. NAME James & Conline	
13. NAME  14. BIRTHPIAGE (city or town)	Name of operation Date of
(State of county)	What test confirmed diagnosis?
15. MAIDEN NAME May Cerelia	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Milian Culin	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (30, 4, 4, 1)  18. BURIAL, CREMATION, OR REMOVAL	Manage of International
Place Danserule Date 4/4 1934	Manner of Injury
19. UNDERTAKER Hiller + Price	24. Was disease or injury in any way related to occupation of deceased? 240
(Address) Shinesing Ma.	(Signed) Liplou & Lioung M.D.
20. FILED / 19 19 19 10. C. C. Hellou	M. D.

(Address)

Registrar.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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. No. 1	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

	٦		(5)		
	Montgomery		Registration Dist. No. 223		
	or City Jahone		No. Washington Saturdarium 4. H. os. If death occurred in a horpital of institution, give its NAME instead of street and of mbe os. 23. ds. How long In U.S. if of foreign birth? yrs. mos.	w r)	
			osyrsmos		
	NAME Mary &				
	sidence: Np. 24 15	- 18th St. N. W. (Usual place of abode)	If nonresiden give city or town and State		
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX femal		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  April  (Month)  (Day)	4 Yeer	
5a. If marriad, HUSBAND (or) WIFE	of Charles	J. Carlisle	22.   HEREBY CERTIFY, That I attended dacea		
		pril 21, 1888		9.5	
7. AGE	RTH (month, day, and year) Q Years   Months	Days   if LESS than	to have occurred on the date stated above, at 10 = m.	n is	
1	45 11	10 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	of or	
5 kin	profassion, or particular d of work dona, as SPINNER,	7/			
SAWYER, BDDKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data decessed last worked at this pecuniting (months and			Carcinoma %13reas	::/.	
Line	eceesed last worked at coccupation (month and	11. Totel time (yeers) spent in this occupation			
12. BIRTHPLAC	E (city or town) Her	0	Dther Contributory Canses of Importance:		
1	r country)	givia.	mitisters in Lives		
13. NAME	John W.	Jenhons	7		
L (St	PLACE (city or town)	iginia.	Whet test confirmed diegnosis? Wath. Dieg. Was there in autops	19	
15. MAIDE	N NAME mary	J. Stummer	23. if death was due to external causes (VIDLENCE) fill in also the following:		
	PLACE (city or town)	ania	Accident, suicide, or homicide? Date of Injury,  Where did Injury occur?	9	
17. INFDRMANT (Addres	Washing ?	on Sainterium Reco	(Specify city or town, county and State)		
	EMATION, OR REMOVAL		Mennar of injury		
19. UNDERTAKI (Addras	3 1 1 8 H H	ins Co.	24. Was disease or injury In any way ralated to occupation of deceased? 100		
20. FILED		48 June	(Signed) Osp arriot		

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CAUSE OF DEATH in plain terms, so that

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17. INFDRMAN

certificate.

See instructions on back

A PERMANENT RECORD. Every item of infor-

UNFADING INK-THIS

STATE OF MARYLAND—  1. PLACE OF DEATH  County Montgomery	CERTIFICATE OF DEATH 03943  Registration Dist. No. 214
Langth of residence in city or town where death occurredmos.	ND. J. R. How long in U.S. if of foreign birth?
(a) Residence: No. R. R. A. Countries of about 19,	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH . (Day) , 193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Oliver T3. Clark  6. DATE OF BIRTH (month, day, and year) August 2.7, 1854  7. AGE Years Months Days If LESS that	22. I HEREBY CERTIFY. That I attanded decaesed from  Office of the state of the sta
79 7 14 Iday,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  1929
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacased last worked at this occupation (month and year) When the same services are supported by the same services.	<i>d</i>
12. BIRTHPLACE (city or town) Sibres Thring (State or country)	Contributary Causes of Importance:
14. BIRTHPLACE (city or town)	Name of operation Name Date of

14. BIRTHPLACE (city or town) (State or country)

MOTHER

16. BIRTHPLACE (city or town (State or country)

(Address) 18. BURIAL, CREMATION, DROPE

19. UNDERTAKER (Address)

Registrar.

Name of operation \_\_ / \_\_ / \_\_ there an autopsy? - Tex

Accident, sulcide, or homicide?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injur

If so, specify

(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	(A) (A) (B)
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	IION is very important. See instructions on back of certificate.

County Mortgories Registration Dist. No. 23  Village or City Jahours Park (If desh occurred in a horpital grinsitution, give its NAME instead of street and number)  Length of residence In city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth?  2. FULL NAME Baley Clatterbuck  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSANO, or divorce	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03944
Village or City Janous Park (Béath occurred in horpital glinitution, give its NAME instead of street and number)  Length of residence In city or town where deeth occurred yes. mos. dt. How long in U.S. if of foreign birth? yes. mos.  2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSBAND of (vi) wife of (vii) wife of (viii) wife		Buildraft Dist 11 2 2 2
Length of residence in city or town where deeth occurred yes, mos.  Length of residence in city or town where deeth occurred yes, mos.  4. How long in U.S. if of forsign birth?  Yes.  Ward.  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE WARTE  OR DIVORCED (write the word)  Sa. If married, widowed, or divorced HUSARD of (Whith of Work And State)  F. DATE OF BIRTH (month, day, and year)  North of work done, as SPINNER,  North were done, as SPINNER,  S. Indican profession, or particular work were done, as SPINNER,  S. Indican profession or particular work with the word of the deet stated above, at A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Detection  Other Cestributery Causes of importance:  What lest confirmed diagnosis?  Was there an autopay?  23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Nems of operation.  What lest confirmed diagnosis?  Was there an autopay?  24. How home, as SIN in Int.  Some of operation.  Nems of operation.  Nems of operation.  Was there an autopay?  25. If Matheward or home, day and pass of injury.  Nems of operation.  Was there an autopay?  26. State or country)  Was there an autopay?  27. Acidant, suicide, or homicide?  What lest confirmed diagnosis?  Was there an autopay?  28. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  What did injury occur?	Village or City Jahous Park	No. Washington Saintarin # Hoop, Ward
2. FULL NAME  (a) Residence: No.  (Usual piace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word)  Funds  (Usual piace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If married, widowad, or divorced HUSBANO, or particular shirt of word dome, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Oste deceased last which SAW MILL, BANK, etc.  11. Total time (vests) spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. Maler of DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL C	Length of residence in city or town where death occurred the most most serious control of the co	death occurred in a horpital of institution, give its NAME instead of street and number)
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)  Formale  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)  Sa. If married, widowad, or divorced HUSBANO  HUSBANO  F. AGE  Years  Months  Oays  If LESS then 1 day,hrs. or		ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE What Solve of Death  4. COLOR OR RACE What Solve of Death  5. SINGE, MARRIED, WIDOWED, OR DIVORCED (white the word)  6. DATE OF BIRTH (month, day, and year) Orial 14, 1934  7. AGE  Years  Months  Oays  If LESS than I day, hrs. of min.  1 day, hrs. of min.  22. I HEREBY CERTIFY. That I attended decased for to have occurred on the date stated abova, at the min of work done, as SPINNER, SWAYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SWAYER, BOOKKEPER, etc.  10. Oate decased last worked at this occupation (month and stated abova, at this occupation (month and spin) work was done, as SPINNER, SWAYER, BOOKKEPER, etc.  12. BIRTHPLACE (city or town).  13. NAME  William Januar Clatterbruels  14. BIRTHPLACE (city or town).  Warter and operation.  Nema of operation.  Oate of .  What test confirmed diagnosis?  Was thera an autopsy? Accident, suicide, or homicide?  23. If dash was due to externed causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  24. DATE OF DEATH  Months  MEDICAL CERTIFICATE OF DEATH  Months  Months  1934  1934  1934  10. Date deaceased last was due to externed causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  25. DATE OF DEATH  Months  Months  10. Date of injury  Martiel of Death  1945  1954		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE WALL  5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word)  5. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Or 14, 19 34  7. AGE  Years  Months  Days  If LESS then 1 day,hrs. or		
3. SEX  4. COLOR OR RACE White  OR DIVORCED (write the world)  5. If married, widowad, or divorced HUSSAND of (or) Wife of  6. DATE OF BIRTH (month, day, and year) Original 14 19 34  7. AGE  Years  Months  Oays  If LESS then Idayhrs. ormin.  S. Trads, profession, or particular Kand of work dome, as SPINER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work wes done, as SIK MILL, SAW MILL, BARK, etc.  10. Oate daceasad last worked at this occupation (month and yaar).  Other Ceatribulary Causes of importance:  Uther Contributory Causes of importance:  What test confirmed diagnosis?.  Was there an aulopsy? Accident, suicide, or homicide?  What test confirmed diagnosis?.  Was there an aulopsy? Accident, suicide, or homicide?  Obter of DEATH  Month)  (Day)  (Vest)  (Vest)  (Vest)  (Vest)  1. HE R E B Y C E R T I FY. That I attended daceased from the date stated abova, at ## am.  11 ast saw h alive on aliv		
S. DATE OF BIRTH (month, day, and year) April 14, 1934  7. AGE  Years  Months  Oays  If LESS than I day, hrs. of min.  S. Trade, profession, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SPILK MILL, SAW MILL, BANK, etc.  10. Oate decassed last worked at this occupation (month and year) (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. Malien Name  18. MAIOEN NAME  19. 44, to . 4914  19. 9. death is s to have occurred on the date stated abova, at # mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:  Detectors  10. Oate decassed last worked at this occupation (was dome as SILK MILL, SAW MILL, BANK, etc.  Other Costributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Virginia  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  Was there an autopay?  27. Accidant, suicide, or homicide?  28. MILL BANK was due to externel causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?  29. death is s to have occurred on the date stated abova, at # mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance  19. death is s to have occurred on the date stated abova, at # mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance  19. death is s to have occurred on the date stated abova, at # mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance  19. death is s to have occurred on the date stated abova, at # mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance  10. Date of mm.  10. Date of mm.  11. Total time (years)	tremale white OR DIVORCED (write the word)	21. DATE OF DEATH Parel 14 193 4
6. DATE OF BIRTH (month, day, and year) Defined 14, 1934  7. AGE  Years  Months  Oays  If LESS than 1 day,hrs. ormin.  8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10. Oate decassed last worked at this occupation (month and year)  State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Warrenda  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Was there an autopsy? Profit of the solid plants of the solid pla	5a. If married, widowad, or divorcad HUSBANO of (or) WIFE of	Photo lill was all all
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8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decassed last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stata or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. Maioen  18. Maioen  19. Was thera an autopsy?  19. Was thera an autopsy?  20. State or country)  What dest confirmed diagnosis?  21. Deteoform  What test confirmed diagnosis?  22. Was thera an autopsy?  23. If death was due to externel causes (VIOL ENCE) fill In also the following:  Accidant, suicide, or homicide?  Deteoform  Deteoform  What did injury occur?	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Sawyer, Bookkeeper, etc.   Sawyer, Bookkeeper,	8 Trada profession or particular	wara as follows:
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Other Centributory Causes of importance:    12. BIRTHPLACE (city or town)   Manyland	9. Industry or business in which work was done as SILK MILL	71
Other Centributory Causes of importance:    12. BIRTHPLACE (city or town)   Manyland	SAW MILL, BANK, etc.	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Interplace  (State or country) Waryland  13. NAME Julian James Cletterbuck  14. BIRTHPLACE (city or town) Warrenton (State or country) Virginia What test confirmed diagnosis? Was there an autopsy? 2.  15. MAIOEN NAME Jeanette adele Stranley  16. BIRTHPLACE (city or town) Warlington (State or country) Virginia What add to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 19.  What add injury occur?	2hellf Ill fill?	
(State or country)  Warriand  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Virginia  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  (State or country)  Was there an autopsy? 2.  Accident, suicide, or homicide?  (State or country)  What dest confirmed diagnosis?  Accident, suicide, or homicide?  What of injury  What add injury occur?		Other Contributory Causes of importance:
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What test confirmed diagnosis? Was there an autopsy? 7.  15. MAIOEN NAME Jeanette adele Strauley  16. BIRTHPLACE (city or town) Washington (State or country)  O.C.  What test confirmed diagnosis? Was there an autopsy? 7.  23. If death was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Data of injury, 19.  What add injury occur?	1	
What test confirmed diagnosis? Was there an autopsy? 7.  15. MAIOEN NAME Jeanette adele Strauley  16. BIRTHPLACE (city or town) Washington (State or country)  O.C.  What test confirmed diagnosis? Was there an autopsy? 7.  23. If death was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Data of injury, 19.  What a did injury occur?	I 13. HAME Julian James Cletterbuck	
What test confirmed diagnosis? Was there an autopsy? 7.5  15. MAIOEN NAME Peace The Adele Strauley  16. BIRTHPLACE (city or town) Washing Accident, suicide, or homicide? Data of injury, 19  (State or country) O.C.  What test confirmed diagnosis? Was there an autopsy? 7.5  Accident, suicide, or homicide? Data of injury, 19  What did injury occur?	4 14. BIRTHPLACE (city or town) Wareuton	Nema of oparation Oate of
(State or country) U.C. 0 Where did injury occur?		What test confirmed diagnosis?
- (State or country) U.C. () Where did injury occur?	I 15. MAIDEN NAME granette adele Stranley	
- (State or country) U.C. () Where did injury occur?	o 16. BIRTHPLACE (city or town) Washington	Accidant, suicids, or homicide?, Data of injury, 19
	-1 (State or country) U.C.	
17. INFORMANT Washington Same Records Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.  (Address)	Contract of the contract of th	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Mannar of injury
Place Chashe Sun + Hospata afrel 15, 1939 Nature of Injury	Place Crash Daw + Hospata Upril 13, 1934	Nature of Injury
19. UNDERTAKER Mash Source & Hoston 24. Wes disease or Injury In any way related to occupation of deceased? The left of the specify of the specific o		
20. FILEOUPEL 15, 1934 80. E. Logers (Signed) MININGEREL M. M. Registrar. (Address) Silver Abruno		Material - delde Ato 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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-WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIT

STATE OF MARYL  1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH 0394
County Montgomery	92.00
2 116	Registration Dist. No. 6
Village or City /3.thisday	ND. 4704 No. St., Wal
Length of residence in city or town where death occurred ${m q}_{$ yı	rsds. How long in U.S. If of foreign birth?mosd
2. FULL NAME Burton & Royle	
(a) Residence: No. 470 4 Rosedale	St., Ward.
(Usual place of abo	
PERSONAL AND STATISTICAL PARTICUL	LARS MEDICAL CERTIFICATE OF DEATH
Male white 5. SINGLE, MARRIED, OR DIYORCED (with well to well the surface)	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Verginia & Doyle	22.   HEREBY CERTIFY, That I ettended deceased fro
And 10 10 10 10 10 10 10 10 10 10 10 10 10	alan With late the 19
5. DATE OF BIRTH (month, day, and year) Nov. 27 / 856. 7. AGE Years Months Days	I last saw to have occurred on the date stated above, et 3 30 Rm.
77 4 18 10	ley,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	Date of one
8 Frade, profession, or particular kind of work done, as SPINNER, Returned Law SAWYER, BDDKKEEPER, etc.	yer acto Willeto
9. Industry or business In which	7/
SAWYER, BDDKKEEPER, etc.  9. Industry or business In which work was done, as STLK MILL, SAW MILL, BANK, etc.  10. Deto deceased lest worked et this securation (month and	Heart
Spont in the	this metral requiretation have garden
year) occupation	Other Contributory Causes of importance: Duration's not stated
2. BIRTHPLACE (city or town) Dues burg	Morre, Cuff
(State er country)	
13. NAME James H Royler  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Cliga & Vamson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Eliza J Samson  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
O A London	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Abelah Killinger (Address) 4704 Roadale St	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Washing 4934 Date 4/1/	, 19-34. Nature of Injury.
9. UNDERTAKER 27 Speare 60	24. Was disease or Injury in any way related to occupation of deceased? Ro
(Address) Washington De	If so, specify
20. FILED you 16 , 1934 CS. C Verry	M. W. (Signed) O' Chesay M.M.  Registrar. (Address) Schlood My,
If more blanks are needed, address	State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cur	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10.5	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

OCCUPAof plnods S statement PHYSICIAN RECORD. Exact PERMANENT classified. CI 4 E certificate. properly pinous may on that instructions UNFADING supplied. terms. plain carefully important. BATH pe should OF DI SE mation LION CAUS

OTHER

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.. (a) Residence: No. 26 (Usual place of abode) If nontesident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months Days If LESS than to have occurred on the date stated above, at \_\_\_ I day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows Oate of onset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... MIND work was done, as SILK MILL. SAW MILL, BANK, etc ..... 10. Oate deceased last worked at 11. Total tima (years) this occupation (month and spent in this year) \_\_\_\_\_ occupation Other Contributary Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_\_\_ 15. MAIOEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicida, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_19. (State or country) Whera did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injur Nature of injury 19. UNDERTAKER 24. Wes disease or injury in any way releted to occupation of deceased? (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA-

Exact statement

TION is very important. See instructions on back of certificate.

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

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U	67	V	16.	

1. PLACE OF DEATH		(140)	
County montgomery		Registration Dist. No	223.
Village or City Johanna Park Length of residence in city or town where de	0 (11	No. Washington Sainterium + H f death occurred in a hospitol or institution, give its NAME instead of str i	Shipstel Ward
2. FULL NAME THIS. RUT			
(a) Residence: No. & 1 & Situa		St., Ward. Silver Springe	maryland
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wpie the word)	21. DATE OF DEATH (Month) (Oay)	, 193 ½ (Year)
5a. If marriad, widowed, or divorced HUSBAND of (64) WIFE of Charles Rang  6. DATE OF BIRTH (month, dey, and year)		22. I HEREBY CERTIFY, That I a  March 31, 1934, to april  1 last sew here eliva on april 12	
7. AGE Years Months 3 9 11	Oays If LESS than I day,hrs.	to have occurred on the deta stetad above, at 12 m.  The PRINCIPAL CAUSE OF DEATH end related courses of importan were es follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Own Home  [11. Total time (yeers) spant in this	Whortion	huar.
12. BIRTHPLACE (city or town) 11 alsons (State or country) 14 august		Other Contributory Causes of Importence:	
	4	Sopracing	may 27
13. NAME M. C. Thomas  14. BIRTHPLACE (city or town) Fort U  (Steta or country) Sudian	Dayne	Neme of operation Cucchlage 0: What tast confirmed diagnosis? Wes the	ate of La 1, 34
[ 16. BIRTHPLACE (city or town) & Uselian	engood et	23. If daeth was due to externel causes (VIOL ENCE) fill in also the f Accident, suicide, or homicide? Oete of injury.	following:
17. INFORMANT Washington Sair (Address) Japonia Parle,	terium Records	Where did injury occur?	and State) ILIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Data Opril 12,1934	Menner of injury	
19. UNOERTAKER 2 11 Things (Address) 2901-148 St	nu bash. D.	24. Wes disease or Injury In any way releted to occupetion of decease If so, specify.	sed?
20. FILED Ofrel 12, 1934 7	6.6. Kogero. Registrar.	(Signed) LAGE Coma Pack	und. M.D.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DAINEAU V G			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	
	County Montgomercy	Registration Dist. No. 2/6
	Village or City Roll and Md.	NoSt,Ward
		death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs,mnsds.
2	FULL NAME Barbara a From	
	100 %	St., Ward.
Allena	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3		21. DATE OF DEATH  Office (Month)  (Day)  (Year)
oa.	If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	3. Walter oxenel	February 11, 1951, 10 Oferil 28, 1934
_	DATE OF BIRTH (month, day, end year)	I last saw her alive on africe 18th, 1934; death is said
7. /	AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
	50 G ormin.	were as follows:
O	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ceretiras Pornorhage
OCCUPATION	9. Industry or business in which	
CUF	work was done, as SILK MILL, SAW MILL, BANK, etc	
00	10. Date deceased last worked et this occupation (month and spent in this	
	year) ocsupation	Other Contributory Causes of impossance:
	BIRTHPLACE (city or town) (State or country)	arterioscleroses 29 ago
ER	13. NAME Edward U. Hotcher	4
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of
- 1	(State or country) maland	What test confirmed diagnosis? Was there an eu'opsy?
HER	15. MAIDEN NAME Starrist m. synthe	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of injury19
,.	0.00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) Bath of day	opening missing missing occurred in Medical fill monte, of the popular place.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Universe da la Date Mark. 1934	Nature of injury
19.	UNDERTAKER AND LOCKET LE CANADAN LA CADITECT LE CADITE	24. Was disease or injury in any way related to occupation of deceased? Ro
20.	FILED apr 30, 1934 BC Perry M. Q. Registrar.	(Signed) D. C. Herry M. D.  (Address) Blibeska M.S.
releton		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributes of in the			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH—	
county thous gomers	Registration Dist. No. 2/6
Village or City Betherda Mo	No. A T & St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME DRIBLE Cloud &	artnes
(a) Residence: No. 18 1 D la Politicale	—St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the Marc) Marvied Marvied	21. DATE OF DEATH ASM 193 4 (Month) (Day) (Véar)
Sa. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of I harring athering Vartues	22.   HEREBY CERTIFY. That 1 attended deceased from
Cup 10 18/1	last saw h. 4554, alive on abril 1600 1934; death is said
6. DATE OF BIRTH (month, day, and year) 70, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	to have occurred on the date stated above, at 30000, m.
79 8 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular	wara as follows: Qurey ones Date of onest
kind of work done, as SPINNER, Calorer SAWYER, BOOKKEEPER, atc.	Homas l.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacassad last worked at 1.  10. Date dacassad last worked at 1.  11. Totat time (wars)  11. Totat time (wars)  11. Totat time (wars)	
10. Date dacasad last worked at 1. 11. Totat tima (years)	
this occupation (month and life spent in this occupation was)	
12. BIRTHPLACE (city or town) Pennsylvania	Other Contributory Causes of Importance:
(State or country) Farton Country	
13. NAME Scarge Mickel Carther	-
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 20
15. MAIDEN NAME Modeller Richted  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT alburt garland (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Sauthurby goate Offs 19 , 1984	Natura of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of daceased? 200
20. FILED april 18, 1934 Q. C. Perry In C. Registrar.	(Signad) (D) (C) (Perry ) M. D.  (Addrass) Betherla M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	li i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	M dg 1,1020	Charles de la constant de la constan	1 yeu

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED	
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SIAIE	OF MARYLAND—	CERTIFICATE OF DEATH 03950
1. PLACE OF DEATH		(J22-E)
County montgo	meru	Registration Dist. No. 217.
Village or City O Su	ey	No. Mont C - Abo - St., Ware f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town wh		s. 1 ds. How long in U. S. if of foreign birth?yrsmosds
2. FULL NAME TO average (a) Residence: No. Box	(Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Servale Officer  Se & married widowed or succeed	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regrite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months	Days If LESS than 1 day,	1 HEREBY CERTIFY, That I attended deceased from 1934 to 1934, death is sai to have occurred on the date stated above, at 8:40 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Housekeeper	were as follows:  Date of onse
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spant in this occupation	Othar Contributory Causes of importance:
(State or country) Man	cott.	nonl
14. BIRTHPLACE (city or town) (State or country)	and Co. Maryland	Name of operation Date of What test confirmed diagnosis? The Mass there an autopsy 200
15. MAIDEN NAME Succes  16. BIRTHPLACE (city or town)	Powell	23. If death was due to external causes (VtOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	AAAA	Accident, suicide, or homicide? Date of Injury
17. INFORMANT Hospital	Records	Where did injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place May May	t Date JW10, 1984	Manner of Injury
19. UNDERTAKER Roy Bo	ville Maryland	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDCASSA 10 , 1984.	C. S. B. avrolled	(Signed) Call Commoder of M. (Address) Parker Struck

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 4 ESSE	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	10(1)
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH					
1. PLACE OF DEATH	n o					
County Montgomery	Registration Dist. No. 214					
Village or City Glenmont	No. St., Ward					
	death occurred in a horpital or justitution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.					
2. FULL NAME Ella M Gregory						
(a) Residence: No. Glenmont, Md. (Vaual place of abode)	St., Ward.					
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH					
3. SEX Female  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Married	21. DATE OF DEATH April 23" , 193 4					
5a. If merried, widowed, or divorced	(Month) (Day) (Year)					
HUSBAND of George Gregory	22 I HEREBY CERTIFY. That I attended deceased from					
C DATE OF RIPTH ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	april 1.94 1934, to april 23, 1934					
6. DATE OF BIRTH (month, dey, end year) When the state of	to heve occurred on the date stated above, at 1 • 30 m p • m					
74 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance					
8 Trade profession or particular	were as follows:					
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased in (month and this occupation (month and this occupation (month and this occupation).	United Hemoritange finites,					
9. Industry or business In which	arteriosleraria 1924					
work was done, as SILK MILL, SAW MILL, BANK, etc.	Williagresses 1724					
O To: Date deceased last worked at this occupation (month and year)						
12. BIRTHPLACE (city or town) N. Y. (State or country)	Other Contributory Causes of importance:					
	Neme of operation Nova Dete of					
14. BIRTHPLACE (city or town) N • Y •	What test confirmed diagnosis? Was there an autopsy?					
置 15. MAIDEN NAME Harriett Enos	23. If deeth was due to externel causes (VIDL ENCE) fill in also the following:					
15. MAIDEN NAME Harriett Enos  16. BIRTHPLACE (city or town)  (State or country)  N.Y.	Accident, suicide, or homicide? Date of injury, 19					
(State or country) N.Y.	Where did injury occur?					
17. INFORMANT E. B. Mc Inlyre (Address) Glennont no	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.					
18. BURIAL, CREMATION, OR REMOVAL Place Washington Dl. Date April 23-, 1934	Menner of injury					
19. UNDERTAKER JESSELERE LES (Address) Washington St.	24. Was disease or injury in any way releted to occupation of deceesed?					
20. FILED 4/23, 19 S. S. De Oly Registrar.	(Signed) M. D. (Address) 728 b. Land Arre Julius Hung)					
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis \	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	6		

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DE
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		,	0.	0		6 3
1	ì.	3	19	0-	1	1
1	T	U	07	l,	0	P WILL

(a) Residence: No. 234 - Maple an (Usual place of abode)	Registration Dist. No. 2734 - Mafile ave, St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds  eman.  C. St., Ward.  If nonresident give city or town and State
Length of residence in city or town where death occurred 18 yrs.  2. FULL NAME // atharma Hann (a) Residence: No. 234 - Maple an (Usual place of abode)	mosds. How long in U.S. if of foreign birth?yrsmosds  emans  St., Ward.  If nonresident give city or town and State
2. FULL NAME Watharina Hann (a) Residence: No. 234 - Maple an (Usual place of abode)	emann  C St., Ward.  If nonresident give city or town and State
(a) Residence: No. 234 - Maple av (Usual place of abode)	St., Ward.  If nonresident give city or town and State
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED Swrite to Married	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hanneman	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 24- 184	
7. AGE Years Months Days If LE	SS than to have occurred on the date stated above, at 17. Jom.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	arterio-sclerving Date of onest
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Vienna (State or country) Quatria	Other Contributory Causes of importances  Caralinal hamourlage 15 day
13. NAME Gustav Schwarzman	a ferment artilized 3de
13. NAME Gustav Schwarzman  14. BIRTHPLACE (city or town) Vienna (State or country) Austria	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Itatharina Bulnha	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Katharina Bulaha  16. BIRTHPLACE (city or town)  (State or country)  Austoria	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT George le. Hanneman (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER J. Win LE ? Sous. lean (Address) 300- 42 st. n. S. Hashe &	24. Was disease or injury in any way related to occupetion of deceased?
20. FILEOUPER 20, 134 ASSIGN	egistrar. (Address) 6911 5-4, 4 WW.

V. S. No. 1

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EL/REALLY S	Market Course		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7300 10

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be earefully supplied. AGE should be

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		210-9
County Conta	omery	Registration Dist. No. 213
Village or City  Length of residence in city or town where		NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No.	a Halcher Comac	St., Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST  3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
male Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH.  (Month)  (Day)  (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	yie .	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer)	June 15, 1889	Test saw h alive on Lyannin 19 death is sei
7. AGE Years 44 Months 6	Deys If LESS then I day,	to heve occurred on the dete stated above, et
S Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Kobor.	acute Hemorlege 4/6/3
9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc.		
SAW MILL, BANK, etc  10. Dete deceased lest worked et this occupation (month end year)	11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town)	gfr	Other Coutributory Causes of importence:
(Stete or country)	y Hatcher	Juny
I4. BIRTHPLACE (city or town)	f	Name of operation Date of
(Stete of country)	upnerer	What test confirmed diegnosis? Wes there en au opsy?
15. MAIDEN NAME Sevice	y rope.	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	///	Accident, suicide, or homicide?
(Stete or country)	+ 1	Where did injury occur? Manage Manage Manage (Specify city or town, county and State)
17. INFORMANT LEO	when	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addross)  18. BURIAL, CREMATION, OR REMOVAL	aprel Ja,	1 1 1 1 1 2 1
200-4	L Dete 4-9- 1934	Neture of injury surface of left leg 6 miles
19. UNDERTAKER LIMENER (Address)	Lumphrey	24. Wes disease or injury in any way related to occupation of deceased.
20. FILED 4/9 1934 Mrs	W.J. Pract	(Signed) W.S. Murphy M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	· 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RIREAU V. S.			
Other contributory causes of importance:	- J., 6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

DESCRIPTION OF THE PROPERTY OF

	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	RD. Every it rSICIANS statement o
	T RECOH
INDING	RMANEN X A C T I classified.
FOR B	S IS A PE stated E properly certificate
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITE UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
GIN RE	FADING 1 ied. AGE ns, so that structions
MAR	vith UN ully suppl plain terr it. See ins
•	AINLY, V d be caref DEATH in
	TRITE PL
V. S. No. 1	N. B.—w

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County ///antgomery	Registration Dist. No. 2/2
Village or City 1 of the sville	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Tall	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Darginia J. Ta	vesies.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH = /
Temale while ORD (write the word)	1. apr 10- 193H
5a. If married, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attanded deceased from
1 1 10 50	100 N, 1934, to Upr 10, 1954
6. DATE OF BIRTH (month, day, and year)	I last saw handlive on 1932; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at H. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
atom 57 or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Metro Regulator, 1930
A Saw Mill, Bank, atc.  10. Date deceased last worked at this ceruation (years)  10. Date deceased last worked at this ceruation (years)	more square
9. Industry or businass in which work was dona, as SILK MILL Hauseunfl SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Tondrie of 3/15/311
(Stata or country)	right took
13. NAME O De iou De io	(Bulle)
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Climes all Was there an autopsy?
15. MAIDEN NAME & alors House	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Date of injury 19
E (Stata or country)	Where did injury occur?
17. INFORMANT M. Alu Allander	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) ou peoule, ma	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piaca D Juliu 4 Va, Date 4/12 1934	Nature of Injury
19. UNDERTAKER Nillan 17 all	24. Was disaasa or injury In any way related to occupation of dacaased?
(Address) To Desulle, Mix	If so, specify
20. FILED # // 1934 EW White	(Signad) My My M. D.
Registrar.	(Address) Little In A
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HAY 7 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

certificate.

Jo

See instructions on back

supplied. AGE should be

(Address)

1. PLACE OF DEATH  County Monty General Plane Willage or City Olymphology Mode (If Length of residence in city or fown where death occurred yrs. mos.  2. FULL NAME Harry E. Talinton (1) Residence: No. 3 & 3 adams (Usual place of abode)	3 Total Commence of the Commen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  A. COLOR OR RACE  Color or RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gorize the word)  Manuel	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Weary Therefore	22. I HEREBY CERTIFY. Thet I ettanded daceased from Warch 21, 1934, to april 4, 1934
6. DATE OF BIRTH (month, dey, and yaar) Nov. 3, 1893  7. AGE Years Months Days If LESS then f dey, hrs. or min.	to have occurred on the date stated above, at 3:00 G m.  The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
Note that the compation of perticuler and of work done, as SPINNER, Auto-Truckulurur SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW, etc  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) 2 spent in this occupation.	Date of onset  3-24
12. BfRTHPLACE (city or town) Edman, Md. (Stata or country)	Other Contributory Canses of Importance:  Sastru Weer with
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)	Neme of operation Closure of perforation Data of 3 - 2!  What test confirmed diagnosis? Wes there en eutopsy? We
15. MAIDEN NAME & TUNIA Welly  16. BIRTHPLACE (city or town) Ja (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?
17. INFORMANT MASS. Mary Juster M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Assistant Na Deta April 7 , 1934	Manner of injury
11 71 71 0 11.	

24. Wes disease or injury In any way related to occupation of deceased? If so, specify 20. FILED. april 5, 19.34 (Signad) well Be Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

la la	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	1 2 A 27	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis 9 65	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory canses of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

PHYSICIANS

stated EXACTLY. properly classified.

Exact statement of OCCUPA.

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		
County Morel go	mery	Registration Dist. No. 3/2
Village Dr City Cooles  Length of residence In city of town where	death occurred	ND. St., Walf death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. If of foraign birth? yrs. mos
2. FULL NAME TILLE	Lough Hadon	mosyrsyrsyrsyrsyrs
(a) Residence: Np.	www.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Terrial 5a. If marriad, widowad, or divorced	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Communication (or) WIFE	862 Mil 2)	1 HEREBY CERTIFY, That I ettanded deceased from 1934, to a fight of the sew plan elive on the sew plan death is see
7. AGE Yeers Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 3.3 0 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, sawyer, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaasad last worked at this occupation (month and	esserife	Coas' wow and 9/33
10. Date decaasad last worked at this occupation (month and yeer)	11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town) Por Dele (State or country) Magnetic	sylle and	Other Contributory Canses of Importance: 3/10
# 13. NAME LEO 71-76. Su	ith .	
13. NAME GEO W. H. Sullar 14. BIRTHPLACE (city or town) A Leg (State or country)	lacedria Va	Name of oparetion Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary - 8.  16. BIRTHPLACE (city or town) - Alex  (State or country)	streng Val	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT STATES	sulle and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pl	E Date West Vais	Manner of Injury
19. UNDERTAKER Hilton al	Hall.	24. Was disaase or injury In any way related to occupation of daceased? The
20. FILED 4/22 , 1934	EW White Registrar.	(Signed) EW, White M.  (Address) EW World

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

1	STATE	OF MARYL	AND-CERT	IFICAT	E OF	DEATH	03	1957
1. PLACE OF	F DEATH			7			4 14	
County M	noulgon	reig			Re	gistration Dist. I	vo. 2//	
	. Conl		2	0	1	01	0 1/	7-1

	I. PLACE OF	DEATH				7	,
	County M	Toulgon	uen	7		Registration Dist. No. 2//	
	Village or Cit	y Oldren	77	na.	(le	No. he mouly, Co. Terreral Story death occurred in a horpital or institution, give its NAME instead of street and	retalward
	Length of reside	ence in city or town	where deat	occurred		ds. How long in U.S. if of foreign birth?yrsm	
	2. FULL NAM	IE ma	ryar	et El	Exabeth	Jones	
	(a) Residence	e: No. Olice	Jan	Wal place	of abode)	St., Ward.  If nonresident give city or town and	State
- Company	PERSONA	L AND STA	TISTICA	L PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX Emale	4. COLOR OR RAC	E   5.		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 7
(Sa.	. If married, widowed HUSBAND of (or) WIFE of	d, or divorced				22. I HEREBY CERTIFY, That I ettended	deceesed from
6.	DATE OF BIRTH (m	onth, day, end year)	no	. 20.	1927	March 15 , 1934, to april 18 1934	: death is said
_	AGE Years		-	Days	if LESS than	to have occurred on the date stated above, at 5:25 A.m.	
_	6	1 4		28	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate of onset
PATION	8. Trade, profess kind of wo SAWYER, E	ion, or particular rk done, as SPINNE BOOKKEEPER, etc	R, S	elion	l	menalerinil	3/10/2
	9. Industry or bu					measles with preumonia	34375
OCCU	10. Oate deceased this occupa year)	liast worked at ition (month and		spe	time (years) ent in this upation		
12	BIRTHPLACE (city  (State or count		ryl	and		Other Contributory Canses of importance:  Empyesse a wish Septiessia.	3/24/3
TER	13. NAME	riving	Do	nes			
FATHER	14. BIRTHPLACE ( (State or c		alth	eisla	ng.	Name of operation Thorocolomy Oate of 3	1
IER	15. MAIOEN NAM	n/.	rid	Si	heow	What test confirmed diagnosis? Cytassum allow Was there on a  23. If death wes due to external causes (ViOL'ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE ( (State or c	-	right	lace	l ud	Accident, suicide, or homicide? Date of injury	, 19
17.	informant(Address)	Vaspit	al or	Leon	Ls.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	LCE.
18	BURIAL, CREMATIC	N, OR BEMOVAL	le	Date afr	120,1934	Manner of injury None	
19	UNDERTAKER 2	so Rey	ren	Till	phrey	24. Was disease or injury in any way related to occupation of deceased?	20
20	FILED afr of	9.,1934.	Cis	Bar	usley.	(Signed) Charles mullesor	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

V. S. No. 1

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AAKGIN K	UNFADING	supplied. AG
	WITE.	arefully
i. No. 1	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
4	B	

CAUSE OF DEATH'in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	S. 1. PLACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH	3958
	County M	out 9	ouce	ru	Registration Dist. No. 21	6
	Village or CityC	hevy. Chas	se. Md.			
					No. 5 Thornaphle Street St., feath occurred in a horpital or institution, give its NAME instead of street and not be described by the street and not be desc	
	2. FULL NAME				yis	2U3•
	(a) Residence: No.			eet.	St., Ward.  If nonresident give city or town and	State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	193.4
5a.	. If married, widowed, or divo HUSBAND of (or) WIFE of	rced ary Elean	or Jarvi	s	22. I HEREBY CERTIFY, That I glended of	
6.	DATE OF BIRTH (month, day	, and year) A	pr. 10.	1862		; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$2.3 Pm.	
_	72	The second	6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NO	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER.	Retir	ed	mgo careans	2 years
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	which				
000	10. Date deceased last wor this occupation (more year)	ked at	11. Total t	ime (years) nt in this pation		
12	. BIRTHPLACE (city or town) (State or country)	Phila	delphia,	Pa.	Other Coutributory Causes of importance: Faulty malotale	in
ER	13. NAME T	homas Kee	ly.		(/	
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)Irela	nd		Name of operation	7.4
ER	15. MAIDEN NAME	Elizabet		on,	What test confirmed diagnosis? Was there an au  23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to		8.		Accident, suicide, or homicide? Date of injury	
17.	INFORMANT ATS.	Mary E. K	eely, pple St.	ch.ch.Md.	Where did Injury occur?  (Specify city or town, county and State Specify whether injury occurred in industry, in Home, or in PUBLIC PLA	) CE.
	BURIAL, CREMATION, OR R	EMOVAL	ry Apr.		Manner of injury	
19	. UNDERTAKER MAT	tin W	Hyso	0	24. Was disease or injury in any way related to occupation of deceased?	10-
20.	FILED Upon 18	0340	3.20	erry on	(Signed) Valle A. Chimson (Address) 1402 m Str. Noch	M. D.
	V	-		Acgistrat.	(unaless) c-t	J Va. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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N. B.-WRITE PLA

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	icate.
IS A	stated	prope	ertific
LHIS	d be	y be	k of c
ING INK-T	AGE should	so that it may	ctions on back
UNFAL	supplied.	n terms,	ee instru
WRITE PLAINLY, WITH	mation should be carefully s	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03959
1. PLACE OF DEATH	93-6
County Montgomery	Registration Dist. No. 2/3
Village or City Tolomae	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret Lyl	
(a) Residence: No. Kockwill K. H.D. (Usual place of abode)	Isted Naw Lean Tolomac) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Mer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Interference 1834	Hast saw hell elive on Alfred 11, 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
100 - laday,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causos of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Semle artemoscheroses 7
work was done, as SILK MILL, Stand daughter &	Seronic myocardites
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Homas Hours, (State or country)	Other Contributory Causes of Importance:
- 114	none
E	
4. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Zenknowy	23. If death was due to external causes (VIQL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury cour?
17. INFORMANT Eula Hillange (Address) Rockville G. R.D. Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAT Mochinels, rud.  Place Scotland Mochinels, rud.  Date 4/2-4, 1934	Manner of Injury
19. UNDERTAKER Glo Suowden (Addiess) Rochwelle vid.	24. Was disease or injury in any way releted to occupation of deceased? Ho
20. FILED 4/24 , 1934 mrs. W. J. Breet Registrar.	(Signed) M.D. Asthurund M.D.  (Address) Borkeville M.D.
If more blanks are needed, address State Reciters	Terr N. Charles Street Politics Program B. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	n nat
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

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MARGIN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03960
1. PLACE OF DEATH	
County Mantaomery	Registration Dist No. 223
Village or City Jakkenson Parke, Md.	Not Bashington Sanitarium & Hoppital Ward
Length of residence in city or town where death occurredyrs, 3mos	death occurred in a hospital or institution, give its NAME instead of street and number)  3. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. Robert Marsha	
(a) Residence: No. Clarksburg (Usual place of abyle)	St., Ward. Maryland If nonresides free city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Upril 5 193 4
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND OF Matilda Malloy	22. I HEREBY CERTIFY. That I attended decessed from Lanuary 2, 1934 to Paril 5 1934
6. DATE OF BIRTH (month, day, end yeer) November 30 1872	I left saw h im affe on Afril 14 ,1934; death is said
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, et 19 40 H.m.
61 4 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
R Trade profession or particular	Data of onsat 1933
Stade, professing, or particular  Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Curcumin of Maria Cox
10. Dete decessed last worked et this occupation (month and yeer) 11. Totel time (yeers) spent In this 38 years	urno
12. BIRTHPLACE (city town) Melbourne (Stete or country)	Other Contributory Causes of Importence:
- Control of the cont	
I IS. NAME Richard Marshall	
13. NAME Richard Marshall 14. BIRTHPLACE (city or town) (State or country)  England	Neme of operation ranswritteral resection of Product 24193.  What test confirmed diegnosis? Path report Was there an autopsy? 442
15. MAIDEN NAME Harriet Evers  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country) England	Where did injury occur?
17. INFORMANT Cashington Sanitarium? Hosp 10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	\$\$ 0.75 x x 0.00 7 \$ 0.00 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Place Carbarbing my Dato from 8 1074	Manner of injury
19. UNDERTAKER ROJ IN Barlon	24. Was disease or Injury in any way releted to occupation of deceased?
(Address) Doublership may	If so, specify
20. FILED april 3, 1934 Lo. C. Logers	(Signed) Coraret M.D.

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Telania Pla Wid.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 5 1931	1.2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Monlgoning	Registration Dist. No. 216
Village or City Ollow Frola Bette	Osal Ao.  St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsda
2. FULL NAME POORTY J.	arlsn
(a) Residence: No. 1 2 8 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("Drice the word)	21. DATE OF DEATH  (Mooth) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Oddra & - Martin	22. I HEREBY CERTIFY, That I attended deceased from 1937, 1937, to 20, 1937
6. DATE OF BIRTH (month, day, and year) July 14-1852	I last saw have aliva on April (20, 1934; death is sa
7. AGE Years Months Dys If LESS than 1 dayhr	to have occurred on the date stated above, at
6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of ones.
8. Trede, profassion, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Auria Cietaria
9 Industry or business in which work was done, as SILK MILL, Sov: Employer SAW MILL, BANK, etc.	Overgen
O 10. Data decaasad last worked at 11. Total tima (yaars)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Fest Kingmia	Other Centributory Causes of Importanca:
(State or country)	Cholecystatio
13. NAME Tromas Marlin	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of  What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Casturius Moals	23. If daath was due to external causas (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Addrass) 28 - Oak Ploce - allo Violot )	Spacify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Sellistic	Manner of Injury
Place Thy word fun - Data your 23, 193	Natura of injury
19. UNDERTAKER M. Fruben Sunthus (Addrass) To Maviely made	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED 4/2/ , 1934 B. C. Perry M.K.	(Signed) O.A. A. Dum M.  (Addrass) Betheads Med
	at, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	M. 1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	03962
county montgomery	Registration Dist. No. 216
Village or City Wetherda	NoSt., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?
2. FULL NAME HOatti OF M	C losuley
	Cst., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of A 2010 C.	(Month) (Day) (Year)
(or) WIFE of J. Howard M Locally	22. HEREBY CERTIFY, That I mandad decassed from
6. DATE OF BIRTH (month, day, and year afreil 17 1896	i last saw halve on 1934, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
38 1/ 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER,	Date of onset
kind of work done, as SPINNER, Coccasion SAWYER, BDDKKEEPER, etc	I sulmurary little Eulores
work was done, as SILK MILL, SAW MILL, BANK, etc	197
SAW MILL, BANK, etc	
	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	acur my carrie
13. NAME H Z. Dewey	Modernia
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Alice M. Redman  16. BIRTHPLACE (city or town)	23. If deeth was due to external causas (VIDLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
State or country)	Whare did injury occur?
17. INFORMANT Howard Mc Caully (Addrags 4715 Resedate Awe)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plackacker 1000 Date fruit 12, 194	Nature of Injury
19. UNDERTAKER WW6 liquipleis los	24. Was diseesa or injury in any way related to occupation of dacaased?
(Address) & 10 Chapier wash all	If so, specify
20. FILED ASN 19. 1934 OC CENT & Registrar.	(Signad) Address) S600 N. H live
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
a comment 36 m n.	11 Car. 2.0.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

MARGIN RES	VFADING IN
MA	WIT
•	PLAINLY
V. S. No. 1	N. B.—WRITE PLAINLY,
5	ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13)
County Wlongomery	Registration Dist. No. 1223
Village or City: Jakloma Jark	ND. 9 - Manos Oirelot, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	20 ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Konald Mc Donal	d
(a) Residence: No. 9 - Manor Ceircle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the world)	21. DATE OF DEATH  (Month)  (Day)  (Pear)
5a. If marriad, widowed-or divorced HUSBAND of (or) WIFE of Bridget amonicanced	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day) and year) 2-4-1861	I last saw h mailing an alwa 18 , 19 34; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
73 2 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER. Lef Ceurk SAWYER, BDOKKEEPER, etc.	Cardin rolling Kenal Alipeane Data glancot
SAWYER, BOOKKEPER, etc.	Chance Conquetion right string from 19
9. Industry or business In which work was done, as SILK MILL. Was Deff	
kind of work done, as SPINNER, Lef Course SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL. Was SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and spent in this	Chronic nephritis. Duration: & years.
year) occupation (month and occupation	Dun Contract Constitution of the Contract Contra
12. BIRTHPLACE (city or town) The york State	Bthar Contributory Canses of importanca:
13. NAME Trulewout	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country) Mulaud	What tast confirmed diagnosis? Apolitical Was there an autopsy? The
15. MAIDEN NAME MURILOCON	23. If death was due to axtarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME WILLIAMONO  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide? Date of injury, 19
E (State or country) Gulaut	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sou	Specify whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Way Date 1 20 , 197	Nature of injury
19 UNDERTAKER OR Yawlers Sonz (Addrass) 1756 Ja ave N.W.	24. Was disease or injury in any way related to occupation of decaased?
20. FILED afril 18 19 3 4 L. E. Registrar. Registrar.	(Signed) M.D. (Addrass) BG N.M.M.Y. M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	// FE - 8	T.		-11

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 13.96

1. 1	PLACE OF	DEATH			98:00	
	County /	nonly	mens.		Registration Dist. No. 2/3	
	Village or City	Rose	boille		NoSt	Ward
	Length of residen	ice in city or town when	a death convered		f death occurred in a hospital or institution, give its NAME instead of street and num	ber)
١		1	daath occurred	MITAR	sds. How long in U.S. If of foralgn birth?yrsmos	ds
2. 1	FULL NAMI	The state of the s	7	MEADOI	Κ.:	
	(a) Residence:	No. VIOCA	(Usual place	of abode)	St., Ward.  If nonresident give city or town and Stat	
	PERSONAL	L AND STATIS			MEDICAL CERTIFICATE OF DEATH	ic .
3. SEX		COLOR OF RACE		RIED, WIDOWED,	21. DATE OF DEATH	
m		While	OR DIVORCE	(write tha word)	april 5 19	34
5a. If n	married, widowed, USBAND of	or divorced	- Francisco	n	/ (Month) (Day)	(Yéar)
(0	or) WIFE of	Eli	sabith i	mmner	22.   HEREBY CERTIFY, That I attended dece	asad from
		0	0	1851	march 3, 1934, to March 4.	1934
6. DAT 7. AGE		nth, day, end year)	inknow	21 1000		eth is said
78	7	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
10	Trade, profession			ormin.	wara as follows:	te of onset
NO.	kind of work	done, as SPINNER, OKKEEPER, etc	Potion 1	& Got Cle	Imval regurgisation 1	133
A Ja	Madustry or busi	inass in which	0 6	-4 Q. W. F. F	()	
OCCUPAT		ne, as SILK MILL, BANK, etc	Kelired	/ 		
0 10	Date daceased la this occupation	on (month and / G-	11. Totai tis	me (years) t in this		
H	yaar)	Y.1.	O Occu	pation 3 /	Other Contributory Causes of importance:	
12. BIR	RTHPLACE (city or		merslan	& Co. Va	out of the property of the pro	
~1	(Stata or country)	)				
13. HTA 14.	. NAME			1010		
¥ 14.	BIRTHPLACE (cit		umbrila	ed la la	Nama of operation Data of	
	(Stata or cou	ntry)			What test confirmed diagnosis? Was there an autop	sy?
里 15.	MAIDEN NAME		1 1	1010	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. 16.	BIRTHPLACE (cit		umbrilan	& 6. Va	Accidant, suicide, or homicide? Date of injury	, 19
	(State or cou		10111	b -	Whare did Injury occur?	
		FORGE	ECKE	RT.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	(Addrass)	OR DEMOVAL				
	Placa Ma	shmor	and 4 -	5- 1934	Mannar of injury	
		11/10/	1	2	Natura of Injury	
	(Addiass)	11/Ch	ignills	60	24. Was disease or injury in any way related to occupation of decaesed?	
4	(nuuress)	TOOKING	per d	S. VV	If so, specify	
20. FILE	ED V -	1934	us. N.J.	rall	(Signad)	M. D.
				Registrar.	(Addrass) for soull	

N. B.-

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RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

BINDING	
FOR	
RESERVED	
MARGIN	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03965
County Montgomery	120
Village or City Cabin John Park, Md.	Registration Dist. No.
Village or City Odorii Joini rark, Mu.	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John William Minnis,	
(a) Residence: No. Cabin John Park, Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)   Married	21. DATE OF DEATH  (Manth) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of 文文大大大大 Sarah Rebecca Minnis	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 24, 1850	I last law h aliva on aliva on 19 4, daath is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated about, at
8. Trade, profassion, or particular kind of work dona, as SPINNER, Retired SAWYER, BOOKKEEPER, etc. Retired	Data of onset
SAWYER, BOOKKEEPER, etc	Gaster- Colentes Jos /34
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town)	Dihar Contributory Causes of importance:
13. NAME John William Minnis	
14. BIRTHPLACE (city or town)	Nama of operation
15. MAIDEN NAME Elizabeth Ann Fields	23. If daath was due to external causes (ViOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicide? Date of Injury, 19
17.INFORMANT Mrs. Sarah Rebecca Minnis, (Addrass) Cábin John Park, Md.	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURHAL, CREMATION, OR REMOVAL Place Place Que Date Cyps. 9th, 1934	Mannar of Injury  Nature of injury
19. UNDERTAKER THE DISTURDED TO A CONTROL (Address) 701-1X 15 77	24. Was disease or injury in any way related to occupation of daceased?
20. FILED 4-9, 1934 BC Perry M. Recistrati	(Signed) Weller M.D.  (Address) (Const. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	99	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The State of the S				

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may

4		1	9	13	
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	1. PLACE OF DEATH			93-0	(7000
	County Montgomery			Registratio	on Dist. No. 2/2
	Village or City Barnesville (II  Length of residence in city or town where death occurred yes mos			No.  death occurred in a hospital or institution, give its NAds How long in U.S. if of foreign birth?	
	2. FULL NAME David C. (a) Residence: No. Parm	0 /1 /	Wed .	St., Ward.	ent give city or town and State
	PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
	3. SEX 4. COLOR OR RACE hite	5. SINGLE, MARI OR DIVORCED Singl	NED, WIDOWED, O (revice the word)	21. DATE OF DEATH	(Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of				FY That I ettended deceased from
certificate.	6. DATE OF BERTH (month, day, end year) 7. AGE Years Months	About 18	74  If LESS than 1 day, hrs. or min.		, 193 4 ; death is said
instructions on pack of c	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti spen occu	me (years) t in this pation	Hound dead in b Dther Contributory Causes of Importance:	eru 4/12/24 4/9 6 4/12/34 ed over
	H 13. NAME John Moberly	2 2			
	14. BIRTHPLACE (city or town) (State or country)	ry_and		Name of operation What test confirmed diagnosis?	
	15. MAIOEN NAME Mary Pur  16. BIRTHPLACE (city er town) Mar  (State or country)			23. If death was due to external causes (VIDLENCE Accident, suicide, or homicide?	) fill in also the following:
an and an an area	(State or country)  17. INFORMANT DOTSEY Mober (Address) 133 Md Ave  18. BURIAL, CREMATION, DR REMOVAL Place Dickerson	N.E Wash	,	Specify whether injury occurred in INDUSTRY, in	or Iown, county and State) HDME, or in PUBLIC PLACE.
	19. UNDERTAKER Hilton & Barnesvil 20. FILED 4/1/1, 19 3/4 7		Hillou Registrar.	24. Was disease or injury in any way related to occ  If so, specify  (Signed)	supation of deceased? As

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
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PHYSICIANS

Exact statement

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CAUSE OF DEATH

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See instructions on back

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1. PLACE O

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ST	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	03967
LACE OF DEAT	Н			(P)	
County Wign	La men	1		Registration Dist. No. 217	y me
Village or City_UL	1		(If	No. Minty · County Jew Herefor, feath occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city	or town where deat	h occurred		2. ds. How long In U.S. if of foreign birth?	
TULL NAME N	bernard	My	LNS.		
(a) Residence: No	Guith	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Tale 4. COLOR	GOR RACE 5.		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH April (Month) (Day)	., 193 X
narried, widowed, or divord USBAND of r) WIFE of	ed			22. 1 HEREBY CERTIFY, That I attended	deceased from
E OF BIRTH (month, day,	and year) Jan	Mary	26 1933	I last saw ham alive on April 1924	
Years	Months 0	Days	I LESS than	to have occurred on the date stated above, atm.	
1	2	16	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	rticular es SPINNER, PER, etc			Septeerma	1-34

2. FULL NA (a) Reside PERSOI Male 5a. If married, wido HUSBAND of (or) WIFE of 6. DATE OF BIRTH 8. Trade, profe SAWYER 9. Industry or work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at this occupation (month and 11. Total time (years) spant in this occupation \_\_\_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ..... Was there an au'opsy? 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. (Address) Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) \_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

Exact statement of OCCUPA-

CAUSE OF DEATH-in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.—WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		TIS OF BEATT
County Mentgo	nery	Registration Dist. No. 2/6
Village or City Bothus	dot.	No. St., Ward
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where de	ath occurredyrs	nosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Carmbo	I los Art	san
(a) Residence: No. 1242	(Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH
mal, Flesh	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	1.	(Month) (Day) (Teal)
HUSBAND OF Wela Me	eldon	22. HEREBY CERTIFY, That I standed deceased from
6. DATE OF BIRTH (month, day, and year) ,	L. 16 1900	Hast saw h elive on , 19 ; death is said
7. AGE Years Months	Days   If LESS than	
34 2	6 1 day,l	were as follows:
& Irade, profession, or particular	01	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	abore	Hemorrhay + Street
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		
SAW MILL, BANK, etc	11, Total time (years)	
this occupation (month and year)	spent in this	
		Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	DE	Ann Shot mond of
13, NAME	7 elan	arth
Ĭ.		Name of operation
4 14. BIRTHPLACE (city or town) (State or country)	LIL.	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	mananel	23. If death was due to external causes (VIOLENCE) (ill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Homasad Date of Injury
(Stata or country)	h. Dela	Where did injury occur?
17. INFORMANT LANGE Me	leme.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) 1242 6 /2	et nu loca	1 Agreement of the second of t
18. BURIAL, CREMATION, OB REMOVAL	11-12	Manner of injury / Man / har pormand
Place Mark-No.	Data 4 193 , 193	Y- Nature of injury Phone Orth
19. UNDERTAKER Harnes &	unymay	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Rockell	200	If so, specify
20. FILED 4/23 , 1934 05 (	- Verry Mo	(Signed) M. D.  (Address) M. D.
If more b	lanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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May 5 V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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INLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item o	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	EATH in plain terms, so that it may be properly classified. Exact statement of OC	
PE	щ	N	ate
-	ed	Der	fic
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70	02	1	č
H	be	be	of
K-T]	pluor	may	important. See instructions on back of certificate.
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DI		80	to
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	52	ain	S.
II	ull.	pl	
	ef	in	an
×	car	H	tre
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f infordal state 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U. S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. efril Ist OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year). If LESS than 7. AGE Years Months Days to have occurred on the date stated above, at 1 day ....-hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation \_\_\_ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTHE Accident, sulcide, or homicide?. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE pinous (Address) CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Werner (Address) If so, specify Registrar. (Address) \_\_\_

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Langau V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement

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properly classified.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

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B.—WRITE PLAINLY, WIT

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03970
1. PLACE OF DEATH	
County My	Registration Dist. No. 2/2
Village or City Probability	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	How long In U.S. if of foreign birth?yrsmosds.
	A. W. J.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)	21. DATE OF DEATH 4
5a. If marriad, widowad, or divorced	(Month) (Oay) (Yaer)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
1864 7.	Man 24, 19 34, to the 6, 19 34
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	I last sew h alive on 24, 19 34; death is said
( ) 1 day,	to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or perticular	were as follows
kind of work done, as SPINNER, of home	The house 73/au
9/Industry or business in which	134
work was done, as SILK MILL, SAW MILL, BANK, atc	
O ate decaased last worked at this occupation (month and yaar) 11. Total time (years) spent in this cocupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca: Lewis 1930
(State or country)	130
13. NAME Unform	
13. NAME Cup.  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(Giate of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide?
2 0 1 .	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece John Oate # 1 1934	Natura of injury
19. UNDERTAKER A SAVE	24. Was disease or injury in any way related to occupation of deceased?
(Address) Profes	If so, spacify
20. FILEO 4/9, 1934 Ele While	(Signed) SW With D.
Registrar.	(Addrass) Trological Mal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis II E C E I V E	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 7 1831				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

PHYSICIANS should state

Exact statement of OCCUPA.

be properly classified. of certificate.

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

TION is very important.

	R	
BINDING	PERMANENT	EXACTLY
FOR	IS A	stated
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	upplied. AGE should be
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Montgomby	Registration Dist. No. 2/3
Village or City Stepmantony, Mg.	Knowly 2 St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillown Thea end	
(a) Residence: No. Sumantous !! ma	STP. Thank
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Capril 75 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Ypar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That i attended deceased from
61'0251934	uguy 25, 104, to upus 35, 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   if LESS than	1) ost saw harman alive on
1 day hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	ffillest the
9. Industry or business in which	MINING RAISSIM -
work was done, as SILK MILL, SAW MILL, BANK, etc	(machated)
Sport in this	
year) occupation	Other Cantributory Causes of importance;
12. BIRTHPLACE (city or town) Dermantoun My T	<i>3</i> 9.
(State or country)	Morkmoun -
14. BIRTHPLACE (city or tolyn) Darnestown,	
14. BIRTHPLACE (city or town) Daniesloun	Name of operation Date of
(State of country)	What test confirmed diagnosis? A was there an autopsy? He
15. MAIDEN NAME Emily Rugent  16. BIRTHPLACE (city or town) Skymanterm R.S.	23. If death was due to external causes (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Secident, suicide, or homicide? Date of injury, 19
E'I To	Where did injury occur?(Speckly city or town, county and State)
17. INFORMANT (Address) Germanton Ind	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jen July Date Uplus Ho 19 34	Nature of injury.
19. UNDERTAKER Halli Muggeof Janaffas	24 Was disease or injury in any way related to occupation of deceased?
20. FILEDUIL 27 , 1954 Upl & Struck W.D.	(Signed) And M. D.  (Address) Portwill Ind
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis,	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURGALL V. C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. PHYSICIANS be properly classified. certificate. AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

V. S. No. 1 N. B.—WRITE PLAINLY, WITH STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	03972
County Monlyomery Co.	Registration Dist. No. 228
Village or City Takoma Perk Md.	No. Washington Sandarumet Ward
Length of residence in city or foun where death conversed	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Grorge Longdon O'Hare	
(a) Residence: No. Hyettsvill Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White S. SINGLE, MARRIED, W100WED, OR DIVORCED (gwrite the word) Married	21. DATE OF DEATH 9, 1004,
male   White   married	(Month) (Day) (Year)
HUSBAND of	22.7 1 HEREBY CERTIFY, Just t attended dacassed from
(or) WHE of Eugenia O'Hare	194, to 1177, 1934
6. DATE OF BIRTH (month, day, end yaer) 1870 Rec 23, 1864	Plast saw harman aliva on 1934; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the data stated abova, at 230 P.m.
	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
R Trade, profession, or particular kind of work dona, as SPINNER,	25 Blor porumonial 4/1/34
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
work wes dona, as SILK MILL, Real Tstate	
O Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Washington D. C. (State or country)	Other Contributory Causes of importance:
₩ 13. NAME George Ochare	
HE 13. NAME George OdHare  14. BIRTHPLACE (city or town) Washington D. C. (Stata or country)	Name of operation. Date of
# 15. MAIOEN NAME Brown	23. if daeth was due to externat causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Brown 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homlcide?
17. INFORMANT GOORGE TETTEN Md. (Addrass)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, SREMATION, OR REMOVAL	Manner of injury
Place Hyattsville Md. Oate April 9,1934	Nature of injury
19. UNDERTAKER Francis Gasch's Sons (Addrass) Hyettsville Md.	24. Was disaase or injury in any way related to occupation of decaased?
20. FILED april 9, 1934 At & Hogers.	(Signad) The M.D.  (Addrass) Huntabille M.D.
If more blanks are model blanks Com B.	NOUT CONTRACTOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BURGALLA	a l			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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PLACE OF DEATH	STATE OF MARYLAND		
County Montgomerey	CERTIFICATE OF DEATH		
6. 5.	Registration Dist. No. 214		
Village or City Silver Jung (No.	St.: Ward) (If death occurred in a hospited or institu		
2 FULL NAME HOR Tracy Oho	rgan Payfair tion, give its NAME Ir stead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male White Single, Married Whole White Write the word)	16 DATE OF DEATH . 15 , 193 4		
October 6-, 1872	17 I HEREBY CERTIFY, That I attended the deceased from Man. 25 1024 to fine 15 1924		
(Month) (Day) (Year)	that I last saw h alive on april 15 , 1934		
7 AGE   If LESS than   1 day,hrs.			
6 / yrs. 6 mos. 9 ds. or min.?	Tuberulosis of lungo		
OCCUPATION (a) Trade, profession or	0		
particular kind of work Denles			
(b) General nature of industry business, or establishment in	(Durstion) yrs mos d		
which employed or (employer)	Contributory Myscarditis Secondary		
I 10 NAME OF	(Darstion) yrs mos 10 de		
FATHER Joseph Vayfair	(Signed) M. E. Marie & M. E. Marie & Gring Made		
of Father (State or eountry)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDEN NAME Jane Robial	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans		
13 BIRTHPLACE OF MOTHER (State or Country) New York	ients or Recent Residents) At place In the of deathyrsmosds.		
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desth?		
of Our CR Line	Former or usual residence		
(Informant) Mrs Laura C. Layfair, wife	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) 86/7- Coleanelle Charl, S. M.	Rock Creek Cemetery april 18. 1934		
Filed Charl 12 1924 To Sudden Registrar	Warner & Pumphrey Silver Spring &		
If more bianks are needed, addrasa State Registrar	r, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.		

63973

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the whatever, write None. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The questo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocuner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, and consequences (e.g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed

	should state of OCCUPA.	
	CORD. Every i	
NDING	B.—WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
MARGIN RESERVED FOR BINDING	. B.—WRITE PLAINLY, WIT AUNFADING INK.—THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.	
RESERVE	AGE should that it may tions on back	
MARGIN	ully supplied. plain terms, s t. See instruc	
•	PLAINLY, Would be carefine DEATH in very important	1
S. No. 1	B.—WRITE mation sl	)

N. B.-WRITE

1. PLACE OF DEATH		(131)	211
County	·/····	Regist	tration Dist. No. 6
Village or City Allulan	1	death occurred in a hospital or institution, give its	St., War
Length of residence la city of town where death		ds. How long in U.S. If of foreign bi	
2. FULL NAME Clesatel	L (table		
(a) Residence: No.	Ilm	St. Ward.	
(1)	(Usual place of abode)		resident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFIC	CATE OF DEATH
temale Ithite	SINGLE, MARRIED, WIDOWED, DR DAVORCED (write the word)	21. DATE OF DEATH CASACLE (Month)	2 7 th , 193 #
a. If married, widowed, or divorced HUCOMANO of (or) WIFE of AWSON	Pasle	270 ?	TIEY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Mil	au 4. 1844	I last saw h= CAC_ alive on CAC_ B	10
AGE Years Months	Days   If LESS than	to heve occurred on the date stated above, at	mich !
27 11	23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relat	ted causes of Importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nous -	Treesed arterens	Date of one
9, Industry or business in which work was done, as SILK MILL,		Chronic yeste	u. F.
SAW MILL, BANK, etc	1	Burney &	
10. Date deceased last worked at this occupation (month and year)	11. Total lime (years) spant in this occupation		
2. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:	7 ans
(State or country)	a		
13. NAME JOHN (30)	well		
14. BIRTHPLACE (city or town)	Dan-A	Nama of operation	Date of
( Cotate of country)	114	What test confirmed diagnosis?	Was there an au'opsy?
15. MAIDEN NAME Swah	Mora	23. If death was due to external causes (VIOL E	NCE) fill in also the following:
16. BIRTHPLACE (city or town)	41-1	Accident, suicide, or homicide?	, Date of injury, 19
(State or country)	100	Whera did injury occur?(Specify	y city or town, county and State)
(Address) Bethe	a md	Specify whether injury occurred in INDUSTR	f, in HOME, or in PUBLIC PLACE.
B. BUBIAL CREMATION, OR REMOVAL	11.30	Manner of Injury	
Plager Selkesda D	nte 4-30 ,1934	Nature of injury	
O. UNOERTAKER JEO, A Miss (Address) 2900 M St.	nul Hash is	24. Was disease or injury in any way related to	a occupation of deceased? 3.V.
0. FILED 9/28, 193 B. C	Perry M. D. Registrar.	(Signed) (Address) 5 6	f. les ed. E. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Example 1. The state of the state of

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-CERTIFICATE OF	DEATH
SIAIL	OF	MARIL	AND CERTIFICATE OF I	ノロハエロ

03975

1. PLACE OF DEATH	
County Mandamers	Registration Dist. No. 214
Village or City Woodside Inf	No/120 Slemoso Road St. Ward
Length of residence in city or town where death occurred mos	death occurred in a hospital or institution, give its NAME instead of street and number)
linn P	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sullion USA	alyman had
(a) Residence: No. // JO Clean Place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH
The May Singly	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	18 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Upril 8, 1934	1 Just saw harm aline on Chil 8 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Stell born 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc	Still berth at 8 modes -
work was done, as SILK MILL, SAW MILL, BANK, etc.	pf (mainaly)
10. Date deceased last worked at this occupation (month and year)	Carried filmoley seposales 7
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Woodself ;	gener Continuatory Causes of Importance:
(State or country)	Hasperson
13. NAME Chas. M. Millyman	
14. BIRTHPLACE (city or town) The of Manganage	Name of operation
(State or country)	What test confirmed diagnosis? They was there an autopsy to
15. MAIDEN NAME Dorothy H- Clark	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, 19
al W IDT	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, IN HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plate Ochvella know key Date Uple. 9, 1934	Nature of injury
19. UNDERTAKER Try Truben Trubling	24. Was disease or injury in any way related to occupation of deceased?
(Address) Rochwells Mich	If so, specify
20. FILEOLIANI 9th, 1934 JE. Dud Capo	(Signed) M. D.
Registrar.	(Address) To Elleville Mel.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BeREAU V. S.		/- /- /- /-	
consequence con			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1223		
			The state of

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN
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of OCCUPA-

Exact statement

PHYSICIANS should

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	3.8.	3	W.	10	1

1. PLACE OF DEATH	949
County Grontgomess	Registration Dist. No. 211
Village or City Hand the town	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrs,mosds.
0 11. 1 00 1	yrsmos
2. FULL NAME Magis I winter fihades	
(a) Residence: No. August (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Fumale White Gearment word)	(Month) (Day) (Year)
Sa. If married, widowed, or divorced	
(or) WIFE of Willis Of that des	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Atas alive on Mich 24 1934 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 234 /m.
78 7 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc. Souse Reefer	Change accurem 4/1/3/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	4
10. Date deceased last worked at 11. Total time (years)	·
this occupation (month and spent in this 3.2 occupation 3.4	
12. BIRTHPLACE (city or town) - Pranchimburs	Other Contributory Causes of importance:
(State or country) (M. Q. Q.	The kir leusion
13. NAME loby Grosshead	articio I chiaras,
13. NAME In have head  14. BIRTHPLACE (city or town) Balangues  (State or country)	Name of operation / one Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sangrey Courties  16. BIRTHPLACE (city or town) Suastansbury	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT I Must Aller Mande	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) fundation of REMOVAL	Manage of Injury
Place to attatore Date Apr 3 , 1934	Nature of Injury
W 01 12 1492	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER XI (Address)	If so, specify
man ohn 2 130 mm & Lourin	(Signed) Lot & Allestin M. D.
20. FILED WITT 2, 1934 The Registrar.	(Address) Are deruh Md

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	3 days ago
Other contributory causes of importance:	1-1-1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

mation should be carefully supplied.

-WRITE PLAINLY, WITH

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 223
Village or City Tallong Park	No. LT Sycamore Guz St., Ward death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Stetle & Staven av (Usual place of abode)	St., Ward. Reverdals. Wel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Multiple of the word)	21. DATE OF DEATH  (Month)  (Day)  (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Belle Sanders	22. J I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.  ormin,	I last saw h alive on alive on 19.3 4; death is said to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and spant in this spant in this	Mugua Pectorio Jan. 1934
year) occupation  12. BIRTHPLACE (city or town) for the country occupation oc	Other Contributory Causes of importance:  Arterio Sclerolis  7
13. NAME Unknown	Myo carditis ?
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT talora Belle Surfly (Address) Gretta & Stevens Kovendale Inc	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
Place Washing to Date april 15, 1934	Manner of Injury
19. UNDERTAKER W. W. Weal Inc. (Address) 8/6-H-n-E	24. Was disease or Injury In any way related to occupation of deceased? W.C.
20. FILED Efor 15, 1934 Alexander Registrar.	(Signed) Marfin J. Caul M. D.  (Address) Kiselraale, Wed,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago BURDAH V Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

03978

1. PLACE OF DEATH		- (H-a)	
County Month	rompey	Registration Dist. No.	214
Village or City  Length of residence in city or town where		No. St.,  death occurred in a hospital or institution, give its NAME instead of street and to the street and th	number)
2. FULL NAME ATTE	am Stoken	Sheets.	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE  15a. If merried, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 27	, 193 <del>4</del> (Year)
6. DATE OF BIRTH (month, day, and year)	amary 3/1871		deceased from
7. AGE Yeers Months	Days If LESS than 1 day,hrs, ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:	Dats of onset
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	11. Total time (years)	Lova, Inemmonia	Sprif 23,
year)  12. BIRTHPLACE (city or town) (State or country)	spent in this occupation	Other Contributory Causes of importance:	Sen 15,3
14. BIRTHPLACE (city or town)	nd.	Neme of operation	au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	cott skeets;	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide?	, 19 te)
A L	Posto april 30, 19.34	Manner of injury  Nature of injury  24. Was diseese or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)  20. FILED 29. 1934	5 Du Du P	If so, specify  (Signed)  (Address) 85/2	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nepi	hritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	MAY NO STORE	July 5,1927	Peritonitis	3 days ago
	SURPAU V. S.	1		
Other contributory e	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		-t		

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	200
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V	. (2)		
Other contributory causes of importance:	and the same of th	Other contributory causes of importance:	.2
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

### STATE OF MARYLAND-CERTIFICATE OF DEATH

02080

1. PLACE OF DEATH		107	U
County Marin	onery	Registration Dist. No. 213	
Village or City Rock	nill (II	NoSt.,	_Ward
Length of residence in city or town where de	ath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Land	Marth		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State.	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE  Male Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Y)	4 - (ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That Jattended decease  24. 19 1934 to april 20 19	ed from
6. DATE OF BIRTH (month, day, and year)	f. 3. 1932	1 1 1 1 1 2 2	n Is said
7. AGE Years Months	Days If LESS than	to have occurred on the date states above, at II. A. m.	
/ 6	/ 7   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	of onset
	11. Total time (years) spant in this occupation	primary one. Did not follows ony. I'm other diseases Civisor  Other Contributory Causes of importance:	234°
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Ch.		
(State of country)	۷.	Name of operation Date of	20
15. MAIDEN NAME MILYY	2 Martin	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	ra.	Accident, sulcide, or homicide? Date of injury, 19	9
17. INFORMANT May 7 CL M. (Address)	witin.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Lineary and and Care	Date April 21-, 1934	Manner of injury	
19. UNDERTAKER Mariner & (Addiess)	unphrey	24. Was disease or injury in any way related to occupation of deceased?	o
20. FILED 4/21 , 1934 Mrs.	W. J. Rall- Registrar.	(Signed) And Frederick, Miles	M. D.

N. B.—WRITE PLAINLY, WIT

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAX 5 103V				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

AGE should be stated EXACTLY. PHYSICIANS

mation should be carefully supplied.

V. S. No. 1

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Exact statement of OCCUPA-

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	. PLACE OF	DEATH				(7)			
	County	11/0	negos	nery			Registration Dist. No.	214	
	Village Dr Cit		town where de	ath occurred		NDdeath occurred in a hospital or inst			
2.	. FULL NAN	TE A	leter	nia J	Inch	ded.			
	(a) Residenc	e: No	Burtu	(Usual place	of abode)	St., Ward.	If nonresident give city o	or town and State	
	PERSON	AL AND S	STATISTIC	CAL PARTI	CULARS	MEDICAL	CERTIFICATE OF D	EATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Servate  Servate						21. DATE OF DEATH	Sprif (Day	121 193 (Year)	
5a. i	If merried, widowe HUSBAND of (or) WIFE of	d, or divorced	7				BY CERTIFY, That		
6. D	OATE OF BIRTH (1	nonth, day, and	vear) Ju	ly. 24	1932.		March 31	(	
7. A			Months 9	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the date st	tated above, at		
NO	8. Trade, profess kind of we SAWYER,	sion, or particu ork done, es S BDOKKEEPER,	lar PINNER, etc.	rone		Bronch	menno	wine Houl 27,3	
CCUPAT	SAW MILL	done, as StLK ., BANK, etc	MtLL,						
8	10. Date decease this occup year)	d last worked etion (month a	nd	sper	me (years) It in this Ipation				
12.	BIRTHPLACE (city (State or count		nasd	(A		Deter Contributory Causes of Ir	mportance:	land 17,3	
۳   ا بد	13. NAME	. Leri	no d	mider	•	Mean	CC.	Mary 24)	
FATH	14. BIRTHPLACE (State or		mar	lane	<i>l</i> .	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?			
HEK	15. MAIDEN NAM	ME ale	ache	à ma	reow.	23. If death was due to externat	causes (VIOLENCE) fill in also t	he following:	
51	16. BIRTHPLACE	(city or town).				Accident, sulcide, or homicide?			
17. INFORMANT Survey (Address)					d.	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL  Place St. Market Date 4, 3, 1934					3. 1934	Manner of Injury			
19.	UNDERTAKER (Address)	Herry	en la	fums	mey.	24. Was disease or Injury In an	y wey releted to occupation of d	eceased? VO	
2D.	FILED 4-	2 34,19	5.	E. Du	Oley Keristrar.	(Signed) (Address)	). Hazu	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. 9				
Other contributory causes of importance:	Elizar estimate	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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1. PLAC	E OF DE	ATH	MAR NA	ILAND	CERTIFICATE	OF DEATH	03952
Count	Υ	Montgo	omery		(46)	Registration Dist.	No. 214
		Silve		(1	No.  death occurred in a horpital or ins  20 ds. How long In U.S.	litution, give its NAME inste	St., Ward
2. FULL	NAMEesidence : No.	Arth	ur E. S High (Usual place	urguy	St.,Ward.		ity or lown and State
PER	SONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICATE OF	DEATH
3. SEX Male	e V	or or race hite	5. SINGLE, MARI OR DIVORCED Marr	RtFD, WIDOWED, ) (write the word) 10d	21. DATE OF DEATH	(Month)	Lath (Pay) (Year)
5a. If married HUSBAN (or) WIF	, widowad, or di D of E of	Anna l	Rose Su	rguy	22.   HEREE	BY CERTIFY, 1	hat I attanded deceased from
6. DATE OF E	Yaars	ay, and year) Months	Oct. 20, 1	867 If LESS than 1 day,hrs.	i last saw h_a>2 alive on_ to have occurred on the data st	tatad abova lat 1 - P-	
Z A Trade	66 , profession, or nd of work done	particular pas SPINNER		ormin.	The PRINCIPAL CAUSE OF DE ware as follows:	ATH and related causes of li	Date of onset
9: Indus:	AWYER, BOOKKI try or business ork was done, a: AW MILL, BANK deceased last w is occupation (m ar)	EEPER, atc	Gov. Cl	me (years) t in this	Cuccenomo	g lin.	, Scc. 1933
12. BIRTHPLA	CE (city or town	0.1	cinnati	pation )hio	Other Contributory Canses of in	nportance:	1_(63)
13. NAME 14. BIRTH		omas Nat		guy	Name of oparation	no-c	Data of
(3	tate or country)		01110		What test confirmed diagnosis?	,	
15. MAIDEN NAME ?  16. BIRTHPLACE (city or town) ?  (State or country)					23. If death was due to axtarnal Accident, suicide, or homicida?  Where did injury occur?	Date of	
(Addre	(ss) 942	Rose High St			Spacify whether injury occurrac	(Specify city or town,	county and State) r In PUBLIC PLACE,
	REMATION, OR	-	Chate 4/	18,1934	Manner of Injury		
(Addia	(ER The 155) 290 4/18	- 4	St n u		24. Was disease or injury in any of it so, specify  (Signed)  (Address)	way related to occupation of	of deceased? N. M. D.
		If more	blanks are needed, ke		2411 N. Charles Street, Balilmore,	Requesting U. S. No. 1.	A XO AS (

V. S. No. 1

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To be complete, an occupation return must state:

Authori June 1

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
. 8					
Other contributory causes of in no ponce		Other contributory causes of importance:	472-34		
Gallstones	May 1,1923	Gastroenteritis	1 year		
curred to the transfer of State			PATER A YE		

ADDITADNALL	SPAUL F	UKFU	KIRE	IK SIA	TEMETA T	D D	FRISICIA	N. IV	
zation for	hange	of	date	and	hour	of	death:	letter	filed
4. 1984 unde	of Character	Wm.	C.	Gwynn	. J.				1 22 1

V. S. No. 1

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THE THE THE COLUMN THE THE TO A LEMMAN THE COLUMN THE C	Every item of information should be carefully supplied. ACE should be stated EXAC	I statement of Occuration is very important. See instructions on back of certificate
	AN	ale
	SO	3
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1PLACE OF DEATH	STATE OF MARYLAND
County Montgomery	CERTIFICATE OF DEATH
	Registration Dist. No. 216
Village or City Chery Chase (No. 6904 Br 2FULL NAME Herman B. Wads	ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married OR DIVORCED (Write the word)	16 DATE OF DEATH A 7 1 4 2 5 - , 19324 (Month) (Day) (Year)
6 DATE OF BIRTH  Oct 11, 1868	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 1984,
(Month) (Day) (Year)  7 AGE (If LESS than	that I last faw hum alive on April 25
70 yrs. 6 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Petired Pharmacist	Artem- 5 how in Hy furtina
(b) General nature of industry business, or establishment in which employed or (employer) Drug Business  9 BIRTHPLACE (State or country) Olivour dria. Va	Contributory Secondary Contributory (Quration) yes mos de.
10 NAME OF FATHER Walter B. Waddy	(Signed) 11 Cole M. D. April 16 1924 (Address) 44 15.7 0. 20
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homleidal.
of Mother amanda Wood	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Virginia	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs. Nettie O. Waddy	Former or usual residence
(Address) 6904 Brookville Rd. Chary Chase	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Washing Ton Mein. Park 4/27, 1934
15 Filedefre 27 1934 76. Darblus Registras	John J. arnold address alwandria, Va
If more banks are needed, address tate Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (h) Cotton mill; (a) Salesman. (b) (a) Foremun, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, engineer, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of But in many (b) Grocery; material

Stritement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death "Exhaustion," "Heart failure," Haemormage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicacmia," "PUERPERAL perilonilis," elc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: A ccidental drowning; Struck by railway trainperilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart etc. The contributory Nomenclature disease ; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

very item of infor-	ANS should state	nent of OCCUPA-	
MANENT RECORD. E	KACTLY. PHYSICI	lassified. Exact stater	
NG INK—THIS IS A PER	AGE should be stated E?	that it may be properly c	ions on back of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. BWRITE	mation sh	CAUSE	TION is v

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13984
1. PLACE OF DEATH	122-00
County Y Manl gamery	Registration Dist. No. 211
Village or City South.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Some RET DYILL	0.5
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4- 26- 4
male Julie Victoria	(Month) (Day) (Year)
5e. If married, widowed or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
James Williams	3-10-,1934, to 4-26-,1934
6. DATE OF BIRTH (month, day, and yeer) Col 6-1845	I last saw h alive on 4- 26-, 1934; death is said
7. AGE Yeers Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 11,30A m.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prolession, or particular kind of work done, as SPINNER, Robins SAWYER, BOOKKEPER, etc.	non and the forter winds
kind of work done, as SPINNER, Robbins of Mark done, as SPINNER, Robbins of SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this coveraging (month and this coveraging (mont	125/39
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
II. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Control Control of the Control of th
(State or country)	
II 13. NAME Williams Williams	
14. BIRTHPLACE (city or town) May low	Name of operation Date ol
(State of country)	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Caryloud	23. If death was due to external causes (VIOL ENCE) fill In also the following:
[State or country]	Accident, suicide, or homicide?
Ma OR Man	Where did injury occur?
17. INFORMANT TYMA C. S. COOD.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clarksling. Date 4/26 1934	Neture of injury
100- (1P)	24. Wes disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
20. FILED apr 27, 19.34 7 m & Lecu's	(Signed) A Company M.D.
20. FILED TO THE Registrar.	(Address) Garthereburg Ing.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
V. 8	1/1			
011				
Other contributory causes of importance:	.p.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
VED.	-THIS	ild be	ay be
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N KE	DNIC	AGE	so tha
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4	-WRIT	mation	CAUSI

N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

. PHYSICIANS should state Exact statement of OCCUPA.

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	3985
1	. PLACE OF DEATH		(92-0)	
	County Monte		Registration Dist. No. 21	8
	Village or City Gaither		No. St.	Ward
	Length of residence in city or town where	7 (II	f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
			yisyis.	505.
-	FULL NAME EmilyGibt	rude Wynkoop ersburg ad		
	(a) Residence: No. Galthe	(Usual place of abode)	St., Ward.  If nonresident give city or town and it.	State
100000	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	34
_	Female   White	Widow	(Month) (Day)	(Year)
5a.	If married, widowed, or divorced HUSBAND of		22. 1 HEREBY CERTIFY, Jhat I attended d	language from
	(or) WIFE of James A	Wynkoop	March 20 1934 to an. 2	19.3 K
6. 1	DATE OF BIRTH (month, day, and year)	Feb T5+h 1858	I last saw hes alive on afrif 1, 193 ×	; death is said
7. /	GE Years 76 Months	Days If LESS than	to have occurred on the date stated above, at 7-30 am.	
	1000	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	No. of Contra
N	8. Trade, profession, or particular kind of work done, as SPINNER.	House Wife		Data of onset
OCCUPATION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	## AA	acute instantant nextons	Q-25.3%
UP/	work was done, as SILK MILL, SAW MILL, BANK, etc.	11 11	<u></u>	
220	Date deceased last worked at this occupation (month and tt lt year)	II. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town) (State or country)	ginia	Other Contributory Causes of Importance:	
2	13. NAME Thomas W	Shriver	there	1930
FATHER	¥2.		Marie of a continu	
	14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an au	Janua 200
MOTHER	15. MAIDEN NAME Anna A	Sturdy	23. If death was due to external causes (VIOLENCE) fill in also the following:	
OTH	16. BIRTHPLACE (city or town)	Va	Accident, suicide, or homicide? Date of Injury	
Σ	(State or country)		Where did Injury occur?	
17.	INFORMANT Home Of Aged (Address) Gaithe	, H W Wilson, Su	(Specify city or town, county and State  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR REMOVAL		Manner of injury	
	Place Hamilton Va	DateApril419_34	Nature of Injury	
19. UNDERTAKER Ernest C Gartner,		C Gartner,	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED Operal 3, 1934 als	now of Md Cooks	(Signed) + Sourchart  (Address) - authorhore	m.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN